

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster, Shan Lu

Application No.: 08/187,879 Group Art Unit: 1633

Filed: January 27, 1994 Examiner: D. Clark

Title: Immunization by Inoculation of DNA Transcription Unit



CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>5-24-99</u>	<u>Heather B. Hill</u>
Date	Signature
<u>HEATHER B. HILL</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	30	MINUS	* 76	0
INDEP	4	MINUS	** 4	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM.				

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 9	\$
X \$39	\$
+ \$130	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$ 0
X \$78	\$ 0
+ \$260	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$	<u>870</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Third Supplemental Information Disclosure Statement	\$	<u>240</u>
		\$	_____
	TOTAL:	\$	<u>1110</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

David E. Brock RN 22592

By *for Elizabeth W. Mata*
Elizabeth W. Mata
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Lexington, Massachusetts 02421-4799

Dated: *5/24/99*